



# Montgomery County High School



## CO-OP CHECKLIST

All of the forms listed below must be completed and turned into Co-Op teacher before you will be allowed to leave schools and report to your Co-op worksite.

- \_\_\_\_\_ Co-Op Liability Release form
- \_\_\_\_\_ Work Based Learning Plan and Agreement
- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Copy of Proof of Vehicle Insurance
- \_\_\_\_\_ Copy of Your Work Based Learning Employer Evaluation Schedule
- \_\_\_\_\_ Log of Work Based Learning Contacts
- \_\_\_\_\_ Obtain a parking permit/Card from MCHS
- \_\_\_\_\_ *Background check form \**

UNDERSTAND THAT YOU ARE TO BE AT WORK DURING SCHOOL HOURS. IF YOU ARE NOT SCHEDULED TO WORK DURING THAT TIME, YOU ARE REQUIRED TO LIST NON WORKING HOURS ON YOUR WORK SCHEDULE FORM.

**Liability Release Form for Work Based Learning**

I hereby give approval for \_\_\_\_\_ to participate in a work based learning experience at \_\_\_\_\_, under the direction of \_\_\_\_\_, on \_\_\_\_\_

The following terms of agreement have been read and agreed upon by both student and parent or guardian.

\*\*\*\*\*

**STUDENT AGREEMENT:**

1. I will report directly to the work site and return directly to the school campus (or my home address if the experience is at the end of the school day).
2. If providing my own transportation, I will not transport or allow any other student(s) in my vehicle during this activity. I will follow all traffic/safety laws and regulations.
3. If being transported in a school vehicle, I will follow all rules and regulations outlined in school board policy.
4. I will keep all information and observations at the work site in strictest confidence.
5. I will display a strong work ethic.
6. I will dress in appropriate attire for the experience.
7. I will arrive on time and remain until time scheduled to leave.
8. If I cannot keep my appointment, I will notify both school officials and the work site.
9. I will complete all forms required on the check sheet provided and will complete a report and thank you letter in follow up to the activity.
10. I will show proper respect for my instructor and supervisor at all times.
11. I will follow rules and regulations of conduct while involved in this activity.
12. I will provide a copy of my personal accidental insurance/vehicle insurance/and driver's license one week prior to the date scheduled for this experience.

\*\*\*\*\*

**PARENT/GUARDIAN AGREEMENT:**

I understand \_\_\_\_\_ will be involved in a work based learning experience which will require off campus travel and participation

- \_\_\_\_ 1. I accept liability for all travel arrangements and fully understand no other student(s) may travel in the vehicle during this time.
- \_\_\_\_ 2. I understand my child will be transported by the Montgomery County School System and agree that all safety rules and regulations will be followed.
- \_\_\_\_ 3. I give my child permission to be transported in a vehicle for job related activities.

We, the undersigned, have read and fully agree to the terms of the Liability Release Form. We accept all responsibility for the experience and relieve the Montgomery County Board of Education and its employees from any liability resulting from the negligence of the student or failure to adhere to the agreement.

\_\_\_\_\_  
Signature of Student  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian  
Date \_\_\_\_\_

Notarized By: \_\_\_\_\_  
County of \_\_\_\_\_ State of \_\_\_\_\_  
On this day \_\_\_\_\_ of \_\_\_\_\_,  
My Commission expires on \_\_\_\_\_

## Work-Based Learning Plan and Agreement

Office of Career and Technical Education

- Co-op                       Internship                       Mentoring                       Shadowing  
 Apprenticeship               Service Learning               Entrepreneurship               School Enterprise

Student's Last Name:	Student's First Name:
SSID Number:	Date of Birth:
Address:	
City	
Cell Phone Number:	Email Address:

School:	
Address:	
Phone Number:	

CTE Program Area:	Career Pathway / ILP Career Goal(s)	
Teacher:		
Name of WBL Coordinator / Supervisor		

Company / Business Name:	Phone Number:	
Address:		
Work-Site Mentor:	Title:	
Student Work Schedule (Days and Hours):	Start and End Date:	
Total Hours per Week:	Hourly Wage: (if applicable)	
Copy of Background Check: Work-Site Mentor      Yes _____      No _____		

Copy of Driver's License



ID Number

Document Number

Copy of Proof of Insurance

**POLICY DECLARATIONS**  
 (TRAVELERS)

1. Named Insured  
 LAURIE A TEST  
 PC BOX 88  
 TEST FALLS NY 13613

Your Agency's Name and Address  
 TEST SHORE ASSOCIATES  
 PC BOX 220  
 5415 WEST MAIN STREET  
 TEST NY 130310220

Your Policy Number : 123456789 101 3  
 Your Account Number : 12345678  
 Account Number

2. Your Total Premium for the Policy Period is \$373.00  
 The policy period is from June 19, 2002 to December 19, 2002.

3. Your Vehicles

1	1995 DODGE CARAVAN	1234567890123
2	1978 CHEVY 2 DOOR	1123045678901

Identification Numbers

*SAMPLE*

**Work-Based Learning (WBL) Employer Evaluation Report**

Office of Career and Technical Education

- Co-op                       Internship                       Mentoring                       Shadowing  
 Apprenticeship               Service Learning               Entrepreneurship               School Enterprise

<b>Student's Name:</b>	<b>Grade Level:</b>
<b>School:</b>	<b>Program:</b>
<b>Employer:</b>	<b>Contact Person:</b>
	<b>Telephone #:</b>
<b>WBL Start Date:</b>	<b>WBL Ending Date:</b>

**Student Responsibility:** Turn in this form to the Teacher/WBL Coordinator at the end of each week of employment.

**Employer Responsibilities:** Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

**Evaluation**

Scale: 1 – Poor      2 - Needs Improvement      3 - Average      4 - Good      5 - Excellent

Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks:

**Attendance**

	Mon.	Tues.	Wed.	Thur.	Fri.	Mon.	Tues.	Wed.	Thur.	Fri.	Total Hours
Date											
Hours Worked											

**Earnings (If Applicable)**

Total Hours: \_\_\_\_\_ x Hourly wage: \_\_\_\_\_ = Total Gross Earnings: \$ \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Equal Education and Employment Opportunities M/F/D

*SAMPLE*  
**Log of Work-Based Learning Contacts**  
 Office of Career and Technical Education

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Co-op          | <input type="checkbox"/> Internship       | <input type="checkbox"/> Mentoring        | <input type="checkbox"/> Shadowing         |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Service Learning | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> School Enterprise |

<b>Student's Name:</b>	<b>Grade Level:</b>
<b>School:</b>	<b>Program:</b>
<b>Employer:</b>	<b>Work Site Mentor:</b>
<b>WBL Start Date:</b>	<b>WBL Ending Date:</b>

**Purpose of Visit:**    \_\_\_ Observation of student    \_\_\_ Visit with worksite mentor    \_\_\_ Evaluation  
                                  \_\_\_ Problem situation    \_\_\_ Other:

1. It is recommended that each site be visited at least one time before the student is placed to ensure the safety and proper training of the student.
2. Each student should be visited periodically at the work-site to check progress, attendance, appropriate work assignments, safety, etc. A minimum of one visit per nine weeks is recommended for all students.
3. Please document visitation below.

Date of Visit	Person Making Visit	Observation / Suggestions / Recommendations

**Resources** (See Appendix B)

ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
1001 VANDALAY DRIVE  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381  
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

**Individuals**

Requesting a record on yourself requires a \$20.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

**Nonprofit/Commercial/Others**

Requesting a record on individuals requires a \$20.00 fee (check or money order).

**Criminal Justice Agencies**

Criminal Justice Agencies do receive a waiver of fees for requests that are for criminal justice purposes.

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_  
NAME: \_\_\_\_\_  
MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
STREET ADDRESS / P.O. BOX: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_

*I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.*

**\* ALL INFORMATION BELOW IS REQUIRED.**

\_\_\_\_\_  
Individual's Signature  
\_\_\_\_\_  
Company  
\_\_\_\_\_  
Requestor/Contact Person  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date  
\_\_\_\_\_  
E-mail address  
\_\_\_\_\_  
Telephone Number

**Please denote which purpose applies to this request:**

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) \_\_\_\_\_